

Montana E-File 2003 Test Packet

Montana Test 13

Based on Federal Test 25

Forms: Form 2

Return Status: Refund

Name and SSN: Caden, Test J 400-00-6817 (primary)

Address: Foreign

USS Robert E Lee FPO AP 96222

Filing Status: (6) Head of Household

Residency: Full Year resident

Exemptions: Total (2) - 1 regular 1 dependent (primary)

Deduction: Standard

Adj. Federal AGI: Military and state refund reduced, line 34

Documents: W2's us "MT' for the state

2		ontana scal year begi		dual Inco	ome Tax 003 and ending		rn Fori 200			03
Last Name	01110	odi yedi begi	ig	First Name and Middle				Socia	al Security No.	
Cader				Test J			L	peg	400 00 6817	
Spouse's Last Na	ne if Different			Spouse's First Name a	nd Middle Initial			Spouse	e's Social Security No.	
Mailing Address USS	Robert E L	_ee				City FPO A		ate	Zip Code+4 96222	
Filing Status Check One	Single	Married filir joint return		Married and both filing separate returns on	Married and separate re	d both filing	Married	filing return and	Head of Househo	
Residency Check One	1 X Res	ident Year 2	3. Nonresi		dum on separate sident Givent tyear	e forms e date of char	5 spouse	s not filing oved to:	State moved from:	ructions)
Exemptions	1. —	1641 2	T un Tea	3 Fa	t Teal	month	year Column A (i		Column B (for spou	
	Re	egular X	65 or Over	Blind			of house		box 3 is check	
Yourself Spouse	Г		<u> </u>		Enter number of			1. 2.	2.	
Dependents Do not claim	Dependent's Fu	ull Name	<u> </u>	s Social Security Number	Relationship Dau		_	_ 		
yourself or spouse	Jasmine		4003	00 3020	Dau	3. Depende	nts	3.	3.	
						4. Handicapped	· <u>_</u> _	4.	4.	
5. Add lines 1, 2,	and 4 (if addition	nal dependents, see	instructions)		Tota	I Exemp		² 5.	5.	_
Enter amoun	s reported (on federal retu	ırn						arest dollar ave blank	•
	•			Attach copies of W	/-2(s) from all sta	tes 6.	26,60	0		6.
7. Taxable	nterest incon	ne	A	ttach Federal Sch	edule if over \$1,5	500 7.	1,02			7.
				ttach Federal Sch	. ,		12			8.
				Attach Federal			<1,4			9.
	. ,			Attach						10.
		or iosses) erships, estates,		Attach	Federal Form 4	97 11.				11.
				all K-1's		12.	25	4		12.
13. Total IRA			1	13b. Taxable an						13b.
14. Total pens		—	1	4	ount > 1099R's					14b.
15. Social se				15b.Taxable am	ount	15b.				15b.
16. Net farm	income (Los	ss)		Attach		e F 16.	9	5		16.
17. Other inc				alimony <u>12</u>		_	40.40			
unemplo				(specify)			12,18			17.
10 Adjustma				IRA d			38,81			18.
				IKA 0						
				althSES			96	4		19.
				imony paid						19.
20.Federal ac	justed gross	income (subtra	act line 19	from line 18)			37,84	.7		20.
Note. Line 2	- Inust mate	ii your redera	aujusteu	gross income						=
		,	,	icipal bonds (Non-	,					21.
				ge 3, line 22 on inst	ructions)	22.				_ 22.
		page 3, line 23		ions)		00				
Specify _		/		. 00)	T-1-1	_ 23.		0		23.
		,		ı 23)			37,8	47		24. 25.
	•							$ \top$		26.
		•					<u> </u>			27.
		-		/disability) Attach V						28. 29.
				• •	_			-+		30.
	nemployment									31.
	•			and social security nu				_		32.
		-								33.
34. Health ca	re profession	al loan payment	exclusion			34.				34.
		page 5, line 35		ns).			0.10			
		Military/refu				35.	24,9			35.
						-	24.9			36.
37. Subtract	ine 36 from li	ine 25. Enter he	ere and on	line 38, page 2		37.	12,8	0/		」 37.

S _N	Form 2 Page 2 - 2003 Social Security Number 400 / 00 / 6817	Column A (for single joint, separate, or head of household)	Column B (for spouse only when filing separate, and box 3 is	
DEDUCTIONS		40.007	checked	1
CC	38. Montana adjusted gross income (From line 37)	12,867	38.	3.
Æ	Deductions Check only one			1
	39. (A) Standard deduction: (A)	2,960		
Š	(B) Itemized deductions: ☐ (B) ☐ 39. 40. Subtract line 39 from 38 and enter balance		39.	- 1
<u> </u>	40. Subtract line 39 from 38 and enter balance	9,907	40.	۱.
MP	41. Multiply \$1,780 times the number of exemptions on line 5	3,560	41.	1
EXEMPTIONS	42. Taxable income . Subtract line 41 from line 40	6,347	42.	- 1
ш	7			7
	Nonresidents and Part-Year Residents complete and attach Schedules III and IV 43. Tax from table below. Non/part year residents enter the amount from line 131, Form	/ Form 2A, before proce	eeding	
	2A, Schedule IV. If line 42 is less than zero, enter zero here. 43.	188	43.	
	44. Tax on lump sum distributions (see instructions for this line). Attach Federal Form 4972 44.		44.	
z	45. Subtotal—Add lines 43 and 44Subtotal ⇒ 45.	188	45.	- 1
TAX COMPUTATION	46. Credits from Form 2A, line 113, Schedule II	188	46.	- 1
ΑŢ	47. Balance—Subtract line 46 from 45 and enter difference (but not less than zero). ⇒ 47.	100	47.	- 1
MP(48. Recapture investment credit		48. 49.	- 1
CO	49. Recapture tax and withdrawal penalties (specify) 49.		49.	
Ϋ́	50. For <u>each</u> of the programs below enter any amount you and your spouse want to contribute. Enter totals in boxes (see instructions for details).			
12	Nongame Wildlife Child Abuse Agriculture in			
	The state of the s			
	Program Prevention Schools Enter total amount in boxes 50.		50.	
	54. Total Tax —Add lines 47, 48, 49 and 50 Total ⇒ 54.	188	54.	J
	55. Combine amounts shown on line 54 columns A and B 55.		188 55.	J
	56. Montana tax withheldAttach withholding statements 56.	1,620	56.	\
PAYMENTS AND CREDITS	57. Payments of 2003 estimated tax and amounts credited from previous year 57.		57.	1
EPI	58. Payment made with extension		58.	
YM CF	59. Elderly Homeowner/ Renter Credit	4.000	59.	
ANI ANI	60. Total of lines 56 thru 59	1,620	60.	- 1
				- 1
			1,620 61.	- 1
	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	62	1 432	
		62.		
	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64	1,432 62.	
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TN H	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit page 6 Checking	1,432 62.	
JND OUNT OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit 1 page 6 Checking	1,432 62. 1,432 64.	
EFUND AMOUNT OU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit of the page 6 Checking Savings Tax Due MT 59604-6308.	1,432 62.	
REFUND OR AMOUNT YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit n page 6 Checking Savings Savings 65. MT 59604-6308. and enter your confirmation penalty	1,432 62. 1,432 64. 65.	
REFUND OR AMOUNT YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit n page 6 Checking Savings Savings 65. MT 59604-6308. and enter your confirmation penalty VII, Schedule W 66.	1,432 62. 1,432 64. 65.	
REFUND OR AMOUNT YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit of the page 6 Checking Savings Tax Due Style="block" footnote: 150%;" footnote: 150%; footno	1,432 62. 1,432 64. 65. 66. 67.	
REFUND OR AMOUNT YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit n page 6 Checking Savings Savings 65. MT 59604-6308. and enter your confirmation penalty VII, Schedule W 66.	1,432 62. 1,432 64. 65.	
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REFUND OR AMOUNT YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit n page 6 Checking 65. MT 59604-6308. and enter your confirmation penalty VII, Schedule W 66. lty-See page 2 67. enalty-See page 2. 68. l) per month 69. through 69 70. asion - Check this box and	1,432 62. 1,432 64. 65. 66. 67. 68. 69. 70. d attach copies of federal	
REFUND OR AMOUNT YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund	1,432 62. 1,432 64. 65. 66. 67. 68. 69. 70. d attach copies of federal Montana extension.	
ASE REFUND OR AMOUNT YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund	1,432 62. 1,432 64. 65. 66. 67. 68. 69. 70. d attach copies of federal Montana extension.	
REFUND OR AMOUNT YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund	1,432 62. 1,432 64. 65. 66. 67. 68. 69. 70. d attach copies of federal Montana extension. details.	
PLEASE REFUND OR AMOUNT YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit n page 6 Checking Savings Savings Fig. 65. MT 59604-6308. and enter your confirmation penalty VII, Schedule W 66. Ity-See page 2 67. enalty-See page 2. 68. I) per month 69. Ithrough 69 70. Ision - Check this box and sion(s) to receive a valid Page 2 of instructions for continuous decided and side of the co	1,432 62. 1,432 64. 65. 66. 67. 68. 69. 70. d attach copies of federal Montana extension. details.	
PLEASE OR AMOUNT SIGN HERE YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit n page 6 Checking Savings Savings Savings 65. MT 59604-6308. and enter your confirmation penalty VII, Schedule W 66. lty-See page 2 67. enalty-See page 2. 68. n) per month 69. through 69 70. sion - Check this box ansion(s) to receive a valid Page 2 of instructions for continuous description of the continu	1,432 62. 1,432 64. 65. 66. 67. 68. 69. 70. d attach copies of federal Montana extension. details. 444-2830 for hearing impaired.	
PLEASE OR AMOUNT SIGN HERE YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund	1,432 62. 1,432 64. 65. 66. 67. 68. 69. 70. d attach copies of federal Montana extension. details. 444-2830 for hearing impaired.	
PLEASE OR AMOUNT SIGN HERE YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund	1,432 62. 1,432 64. 65. 66. 67. 68. 69. 70. d attach copies of federal Montana extension. details. 444-2830 for hearing impaired.	
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PLEASE OR AMOUNT SIGN HERE YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund	1,432 62. 1,432 64. 1,432 64. 65. 66. 67. 68. 69. 70. d attach copies of federal Montana extension. details. 444-2830 for hearing impaired. Parect and complete. Frect and complete. Frect and complete. Subtract = Tax	
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PLEASE OR AMOUNT SIGN HERE YOU OWE	62. If line 61 is larger than line 55 enter the difference. This is your overpayment	d) Refund 64. Direct Deposit n page 6 Checking Savings Savings Tax Due MT 59604-6308. and enter your confirmation penalty VII, Schedule W 66. Ity-See page 2 67. enalty-See page 2. 68. It) per month 69. Ithrough 69 70. Ision - Check this box anision(s) to receive a valid Page 2 of instructions for of the companion o	1,432 62. 1,432 64. 1,432 64. 65. 66. 67. 68. 69. 70. d attach copies of federal Montana extension. details. 444-2830 for hearing impaired. Frect and complete. Frect and complete. Subtract = Tax 466 588 5999 581,444	

MONTANA Form W Rev. 8-03

2003 Individual Income Tax Worksheets



Worksheet IV - Pension and Annuity Exclusion

	•	Column A	Column B
	t form filers use column A only. Enter your federal adjusted gross income from line 20 of Form & line 13 of Form 2S 1.		
2.	Phase-out limitation	30,000	30,000
3.	If line 1 is smaller than line 2, enter on Form 2 line 29 the smaller of a) pension and annuity income or b) \$3,600 for each person who has pension and annuity income. Stop here, you do not need to complete the remainder of this worksheet. If line 1 is larger than line 2, subtract line 2 from line 1 and enter the result 3.		
4.	Fill out only one. If your filing status is:		
	a. Single or joint <u>and</u> only one has pension and annuity income; enter your taxable pension and annuity income or \$3,600, whichever is smaller	a	_
	b. Married filing separately; enter 1) each spouse's taxable pension and annuity income, or 2) \$3,600 in columns A and B whichever is smaller	D	<u> </u>
	c. Joint and both spouses have pension and annuity incomes: first, enter each spouse's taxable pension and annuity income or \$3,600, whichever is smaller, on the following lines: his hers; second, enter the total of the two lines 40	D	_
5.	Double the amount on line 3 and enter the result		
6.	Pension and annuity exclusion. Subtract line 5 from line 4a, 4b or 4c, whichever applies to you. If the result is zero or negative, you are not eligible for an exclusion. If the number is positive, this is your exclusion. Transfer this number to line 29 on Form 2 6.		
W	orksheet V - Standard Deduction	Column A	Column B
Sh 1.	ort form filers use column A only. Enter amount from line 38 of Form 2 or line 21 of Form 2S	12,867	
2.	Enter 20% (.20) of line 1	2,573	
3.	Enter the amount from below that corresponds to your filing status:		
	Single or separate (filing status 1, 3, 4 or 5) = \$3,330		
	Joint or head of household (filing status 2 or 6) = \$6,660 · · · · · · · · · · · · · · · · · ·	2,573	
	Enter the amount from line 2 or line 3, whichever is smaller	·	
5.	Enter the amount from below that corresponds to your filing status:		
	Single or separate (filing status 1, 3, 4 or 5) = \$1,480	2,960	
	Joint or head of household (filing status 2 or 6) = \$2,960 · · · · · · · · · · · 5). ——— <u> </u>	
6.	Enter the amount from line 4 or line 5, whichever is <u>larger</u> . This is your standard deduction. Transfer this amount to line 39, Form 2 (line 22, Form 2S)	2,960 5	
	\$ 0\$ 2,200 X 2 % \$ 0 \$17,800\$ 22 \$ 2,200\$ 4,400 X 3 % \$ 22 \$22,200\$ 3 \$ 4,400\$ 8,900 X 4 % \$ 66 \$31,100\$ 44	over Multiply by 2,200X 7 1,100X 8 4,500X 9 7,800X 10	%\$ 466 %\$ 688 %\$ 999